

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 11-5-01.
 - b. The request was received on 8-5-01.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 8-23-02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Respondent's three (3) day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from table of dispute services:
"CARRIER IS STATING THIS PROCEDURE CODE IS DENIED FEE GUIDELINE MAR REDUCTION 63030. AS FEE GUIDELINE MAR REDUCTION 63030. AFTER CONTACTING CARRIER AND RESUBMITTING THIS CLAIM CARRIER CONTINUES TO STAND BY THEIR DENIAL WHICH DOES NOT MAKE ANY SENSE. ALSO RESUBMITTED THESE CLAIMS WITH DOCUMENTATION FROM THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS SHOWING THIS CODE IS NOT INCLUSIVE OF ANY OTHER CODE BILLED. IT SHOULD HAVE BEEN PAID."

2. Respondent: No position statement noted.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11-5-01.
- The carrier denied the billed services (as reflected on the EOBs) by code/s "F – FEE GUIDELINE MAR REDUCTION 63030"; "C – NEGOTIATED CONTRACT PRICE".
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11-5-01	63090	\$5,100.00	\$-0-	F	\$4,248.00	MFG: Surgery Ground Rules (I) (D); CPT Descriptor	<p>The Carrier has denied the disputed service as "F".</p> <p>After review of the dispute packet, it was noted that CPT Code 63090 was the primary procedure performed. Pursuant to the multiple procedure rule, the primary procedure is reimbursed at 100% of the MAR value. The major procedure is that code that reflects the greatest value. For secondary or subsequent procedures a 50% reimbursement is applied.</p> <p>Documentation supports that the service was rendered. EOBs support that the subsequent procedure codes were reimbursed pursuant to the multiple procedure rule. However, the carrier failed to reimburse CPT Code 63090 at 100% of its MAR value.</p> <p>Therefore, reimbursement is recommended in the amount of \$4,248.00.</p>
11-5-01	63090-85	\$2,040.00	\$-0-	F, C	\$204.00 10% of MAR	MFG: Surgery Ground Rules (I) (D); CPT Descriptor	<p>The Carrier has denied the disputed service as "F" and "C".</p> <p>The Carrier initially denied the disputed service with an "F" denial with no recommended reimbursement. A reaudit dated 3-22-02 reflected that the Carrier had recommended reimbursement in the amount of \$109.92 with a "C" denial. However, the provider has indicated on their table of disputed services that this recommendation for reimbursement was never received.</p> <p>Documentation supports that the service was rendered. The Carrier has not supported their denial of "C". EOBs support that the subsequent procedure codes were reimbursed pursuant to the multiple procedure rule and appropriate modifier. However, the carrier failed to reimburse CPT Code 63090 at 10% of its MAR value.</p> <p>Therefore, reimbursement is recommended in the amount of \$424.80.</p>
Totals		\$7,140.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$4672.80 .

The above Findings and Decision are hereby issued this 9th day of January 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division
LL/ll

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$4,672.80 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9th day of January 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/ll